

**CITY OF CINCINNATI - DEPARTMENT OF BUILDINGS AND INSPECTIONS
APPLICATION FOR PLUMBING PERMIT - REPLACEMENT FIXTURES ONLY**

OFFICE USE	
CT _____	LINE ID _____

1. Job Address _____

Zip Code _____

Floor # _____

Suite # _____

2. IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE #
Owner						
Plbg. Contractor						
Plumbing Contractor Signature _____			License # _____			

3. GENERAL USE OF BUILDING

Residential _____	No. of Units _____	_____ Water Closet	_____ Urinal	_____ Laundry Tray
Commercial _____	Describe _____	_____ Lavatory	_____ Sink	_____ Water Heater
Estimated Costs _____		_____ Bath Tub	_____ Disposal	_____ Other _____
		_____ Shower	_____ Dishwasher	_____ Other _____

METHOD OF PAYMENT: Escrow Account _____ Check _____

OFFICE USE

APPROVAL _____ DATE _____ PERMIT ISSUED _____ DATE _____ No _____ Permit Fee _____